

ADLEB - VOM/TF (Rev. 8/2012)



DOG LAW ENFORCEMENT OFFICE
PENNSYLVANIA DEPARTMENT OF AGRICULTURE
**PERMANENT IDENTIFICATION
VERIFICATION FORM**

MICROCHIP # _____ or TATTOO # _____
MUST BE COMPLETED BY PERSON IMPLANTING OR SCANNING MICROCHIP MUST BE COMPLETED BY COUNTY TREASURER PRIOR TO TATTOOING

DOG'S NAME _____ DOB _____ DOG'S SEX ☐ MALE ☐ MALE ☐ FEMALE ☐ FEMALE
 NEUTERED SPAYED
 DOG'S BREED _____

SPOTTED ☐ WHITE ☐ BLACK ☐ BROWN ☐ OTHER-INDICATE ☐
 DOG'S COLOR/MARKINGS _____

OWNER'S NAME _____ STREET _____

CITY _____ STATE **PA** ZIP _____ TELEPHONE NO. _____

TOWNSHIP _____ COUNTY _____

NAME OF PERSON circle one MICROCHIP-IMPLANTING or SCANNING or TATTOOING VETERINARIAN PRACTICE # (TATTOO or MICROCHIP)
BV

STREET _____ PA KENNEL LICENSE # (MICROCHIP) _____

COUNTY _____ CITY _____ STATE _____ ZIP _____ TELEPHONE NO. _____

I MAKE THIS STATEMENT SUBJECT TO THE CRIMINAL PENALTIES OF
 18 Pa. C.S. § SECTION 4904 (RELATING TO UNSWORN FALSIFICATION TO AUTHORITIES).

SIGNATURE OF PERSON IMPLANTING/SCANNING MICROCHIP/TATTOOING _____ DATE _____

SIGNATURE OF DOG OWNER _____ DATE _____

FORM MUST BE RETURNED TO COUNTY TREASURER WITHIN 30 DAYS OF RECEIPT _____
 Form is VOID if not returned to Treasurer on or before date listed.